

PRE-RETURN TO CHURCH ASSESSMENT DECLARATION

Should you answer YES to any of the below questions you should NOT attend your church and before you return you should follow appropriate medical advice and guidelines.

	QUESTION	YES	NO
1	Have you been in close contact (<2m for 15minutes or more) with anyone who is confirmed to COVID-19 virus in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been in close contact (<2m for 15minutes or more) with anyone who is suspected of having COVID-19 virus in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3A	Do you live in the same household with someone who has symptoms of COVID-19 who has been in isolation within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3B	Have you been advised by a doctor to self-isolate at this time?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are you suffering now, or have you suffered any the following symptoms in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
	A Cough	<input type="checkbox"/>	<input type="checkbox"/>
	B Breathing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
	C Fever/ High temperature	<input type="checkbox"/>	<input type="checkbox"/>
	D Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
	E Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
	F Flu Like Symptoms	<input type="checkbox"/>	<input type="checkbox"/>
	G Rash	<input type="checkbox"/>	<input type="checkbox"/>
	H Loss Of Smell/Taste	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you returned to Ireland from another country within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

If "YES", where?	
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I confirm that I have not travelled from another country in the past 14 days , that I have not been in close contact with anyone who has been outside of the country in the past 14 days, that I have not been in close contact with anyone who is in self-isolation in relation to COVID-19 in the past 14 days, that I am not suffering from any COVID-19 symptoms nor do I believe for any reason that I have contracted the virus. I commit to advising management and excluding myself if this situation changes, (i.e. if at a point in the future, I would answer "yes" to any of the above questions).

NAME:	
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SIGNATURE:	
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DATE:	
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